



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Siepel et al.

Examiner: Examiner Tran Lien

Serial No.: 09/936,621

Group Art Unit: 1761

Filed: September 11, 2001

Docket: 294-109 PCT/US

For: INGREDIENTS FOR
EXPANDED FOODS

Date: January 26, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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the United States Postal Service as first class mail, postpaid
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P.O. Box 1450, Alexandria, VA 22313-1450 on
January 26, 2004*

Signature: _____

Susan A. Sipos.

1-26-04

AMENDMENT

Sir:

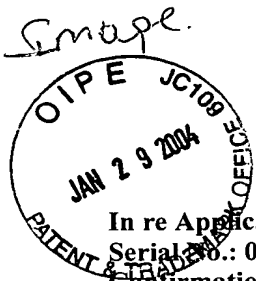
Applicants respectfully submit the following Amendment for entry in the above-identified application in response to the October 24, 2003 Office Action.

Amendments to the Specification: None.

Amendments to the Claims: Begins on page 2.

Amendments to the Drawings: None.

Remarks: Begins on page 4.



1761

Attorney Docket No. 294-109 PCT/US

In re Application of: Siepel, et al.
Serial No.: 09/936,621
Confirmation No.: 7146
Filed: September 11, 2001
For: Ingredients for Expanded Foods

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Signature: Susan A. Sipos 1-26-04

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 9	MINUS	*** 20	= 0
INDEP.	* 2	MINUS	*** 4	= 0

SMALL ENTITY

RATE	ADDL. FEE
x 9=	\$
x 42=	\$
x 140=	\$
TOTAL	\$ 0.00

OR

**OTHER THAN A
SMALL ENTITY**

RATE	ADDL. FEE
x 18=	\$
x 84=	\$
x 280=	\$
TOTAL	\$ 0.00

OR

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

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Respectfully submitted,

Susan A. Sipos
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